

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>National Right to Life Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00509893       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Japs-Olson Company</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 28 / 2016</div> </div>		
Mailing Address 7500 Excelsior Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29991.87</div>		
City Minneapolis	State MN	Zip Code 55426-4503	<b>Transaction ID : E507A7E32129940B7920</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure IE-Clinton-Printing		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Hillary Rodham Clinton		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29991.87</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">29991.87</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Wayne Cockfield

[Electronically Filed]

Date

MM / DD / YYYY  
09 / 30 / 2016

Signature